

Naturalization Services Pre-Screening

LAST NAME			FIRST NAME		MIDDLE INITIAL SEX					
								☐ Male	☐ Fema	ıle
MAILING ADDRESS (STREET) APARTMEN			IT NUMBER	CITY		STATE	ZIP CODE			
SOCIAL SECURITY NUMBER DATE OF BIRTH				RTH (MM/DD/YYYY)	COUNTRY OF BI	RTH	ALII	EN REGISTRA	TION NUMBE	ĒR
HOMEBOUND DATE OF ENTRY TO US			HOME PHONE NUMBER (AREA CODE)			MESSAGE PHONE NUMBER (AREA CODE)				
	es No			()			CONTACT PHONE NUMBER (AREA CODE)			
CONT	ACT PERSON'S NAME	E					CONTACT PHONI	E NUMBER (AF	REA CODE)	
חבו										
RELATIONSHIP										
	amily		Other (spe	• •	CITY		STATE	ZIP		
CONT	ACT PERSON S MAILI	ING ADL	7KE33 (31KE	E1)	CITY		STATE	ZIP		
DIA EI	ICIRI E (PROCE CE P	DECEIDT	OE DI IDI IC E	DENIEEIT MI IST DE IN C	NIENT EILE)					
RIA ELIGIBLE (PROOF OF RECEIPT OF PUBLIC BENEFIT MUST BE IN CLIENT FILE) Food Stamps Medical TANF Other										
	. —									
☐ Outreach ☐ SSI ☐ General Assistance										
Basic				ease answer all qu	uestions					
The		toquiit	mionioi i i	oaco anomor an qu					YES N	NO
_		ıl norm:	anont rocide	ant of the LLS for fi	ve vears (three	voar	e if married to L	IS citizon)?		
	1. Has been a lawful permanent resident of the U.S. for five years (three years if married to U.S. citizen)?									
3.	2. Has lived in the U.S. for at least five years (three years if married to a U.S. citizen)?									
3. 4.				J.S. for at least hal						\exists
										\exists
_	5. Has not been absent from the U.S. for six months or more?									
6.				(inappropriate behavior, immigration violations, etc.)?					\dashv	
7.				th (conduct language assessment)?						\dashv
8.	•		•	,						\dashv
9.	•									님
10.									Ш	
	(If no, must complete additional paperwork for oath waiver based on beliefs. If the person can't take the oath because of a disability, a waiver is available but requires extensive documentation.									
Lana	I Issues. Please				ut requires exte	HSIVE	5 documentation	1.		
	applicant:	answe	i ali questi	Olis.					VEO	NO
	• •	II C fo	ar aiv manth	s or more while a p	ormanant racid	ont?				NO
1.										\dashv
2.				y while a permaner						님
3.	•			ortation proceeding	-					
4.	Has failed to file federal income taxes, or paid as a non resident, since becoming a permanent resident?								닏	
5.	Has willfully failed or refused to support dependents?								ᆜ	
6.	•			e Service (for men only)?						ᆜ
7.	•			nal conviction?						\sqcup
8.	<u> </u>									Ш
9.				cation different from other information previously given to						
10.				een card (including marriage) or other immigration benefit?						
11.				, convicted of, or admitted to having committed a crime?				[
12.	Has had any cont	tact wit	h the police	?					[
13.	Has committed fraud to receive welfare or other public benefits?								П	

Legal Issues (continued). Please answer all questions.								
The applicant:								
14. Has helped smuggle someone into the	U.S. even if it was a relative?							
15. Has falsely claimed to be a U.S. citizer	?							
16. Has voted or registered to vote in the U	J.S.?							
17. Came to the U.S. to practice polygamy	?							
18. Has been charged with committing dor	nestic violence, child abuse, or child neglect?							
• •	licant violated a protection order?							
20. Has been engaged in prostitution, illeg	al gambling, drug sales, or habitual drinking?							
22. Has been involved in certain political a	ctivities such as anarchism, totalitarianism, or communism,							
	nat could be considered a terrorist group or involved in							
what CIS calls "terrorist activity?"								
If answer is yes to any of the questions in the previous section, advise applicant to seek legal assistance before applying for citizenship. Do not submit N-400 Application for Naturalization until an attorney knowledgeable in immigration says it is OK to do so.								
Documentation								
N-400 APPLICATION FOR	NA00 completion date:							
NATURALIZATION	N400 completion date: Submission date:							
	Photographs included							
	Fingerprint fee included N400 application fee included							
	Other:							
ENGLISH LANGUAGE / CIVICS TESTING	☐ Is 55 years old, in U.S. for 15 years - can use interpreter and test in							
WAIVER	own language							
	☐ Is 50 years old, in U.S. for 20 years - can use interpreter and test in							
	own language							
	☐ Is 65 years old, in U.S. for 20 years - given a shorter test using							
	interpreter							
DISABILITY WAIVER	N-648 Disability Waiver needed							
(Must meet CIS definition of disability)	☐ N-648 completed							
	☐ N-648 sufficient (have N-648 screened by someone)							
	knowledgeable of N-648 issues).							
	☐ N-648 submitted; date:; result: ☐ Approved							
	Denied							
	Note:							
FEE WAIVER REQUEST	☐ Fee Waiver Request needed							
	Completed and submitted, date:							
	Approved, date:							
	Resubmitted if denied due to insufficient information,							
	date:							
	Exception to Policy submitted to RIA if waiver is denied							
	Note:							
FEE REIMBURSEMENT	Fingerprint fee needed (75 years old or younger);							
	Paid by:							
	N400 fee needed (FW denied or income ineligible);							
	Paid by:							
	Note:							

		CLIENT'S NAME		CLIENT'S ID	ENTIFICATION NUMBER				
	Client appears ineligible for natu	ralization reason							
Ш	Olient appears mengible for nate	aranzanori, reasorr	•						
	Client needs legal assistance, re	eferred to		_ on					
	Eligible to apply for naturalization	un.							
	English class needed (unless applicant is verified as Outreach, please refer pre-literate applicants to an ESL provider).								
	Client is enrolled in citizenship s	services at this age	ency.						
Servi	ce Plan								
Pre-S	Screening Completed by:								
AGEN	CY'S NAME								
AGEN	CY STAFF'S NAME		PHONE NUMBER (INCLUDE AREA C	ODE)	DATE				